

# Campus Health

**SS1300-1, SS1300-2**

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Training Specialist  
Infinite Campus

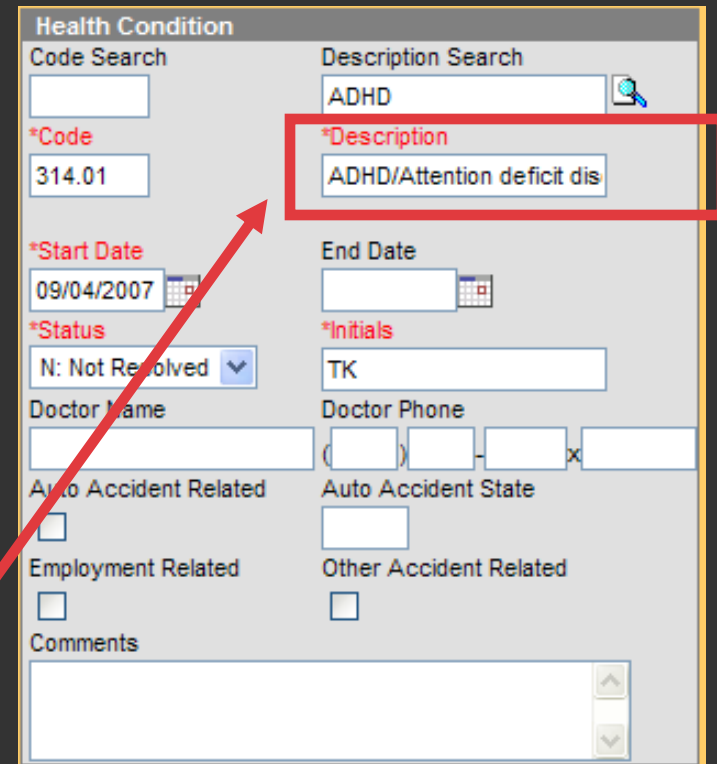
# Agenda

- Navigation Overview
  - Conditions
  - Immunizations
  - Immunization certificates
  - Screenings
  - Nurse Visits
  - Documents
  - Contact Log
  - Reports
  - Program Flag



# Conditions

- Commonwealth Definition
  - Any health service that requires a scheduled action (by either the school nurse or trained unlicensed school personnel)
  - Occurs during instructional day
- Action required
  - **Must** be entered on Conditions tab
    - Path: Health > Health Office > Conditions tab
    - Complete all required fields
    - Include brief description of required service



The screenshot shows a web form titled "Health Condition". It contains several fields for data entry. A red rectangular box highlights the "\*Description" field, which contains the text "ADHD/Attention deficit dis". A red arrow originates from the text "Include brief description of required service" in the list to the left and points directly to the highlighted description field. Other visible fields include "Code Search" (with "314.01" entered), "Start Date" (09/04/2007), "Status" (N: Not Resolved), "Doctor Name", "Auto Accident Related", "Employment Related", "Comments", "Description Search" (ADHD), "End Date", "Initials" (TK), "Doctor Phone", "Auto Accident State", and "Other Accident Related".

# Conditions – Description Search

1 Enter search string

2 Click

3 Choose from results

4 Choosing search result auto-populates Description and Code

The screenshot shows a software window titled "Health Condition". It has two main sections: "Code Search" and "Description Search".

- Code Search:** Contains a text input field with "345.30" and a label "\*Code" in red.
- Description Search:** Contains a text input field with "Epilepsy" and a magnifying glass icon to its right. A label "\*Description" in red is positioned below the input field.

Below these sections is a scrollable list of search results, each consisting of a code and a description:

- 345.30 Epilepsy, grand mal status
- 345.20 Epilepsy, petit mal status
- 345.90 Epilepsy, unspecified
- 345.10 Generalized convulsive epilepsy
- 345.00 Generalized nonconvulsive epilepsy/absences/petit mal
- 345.50 Partial epilepsy, w/o mention of impairment of consciousness
- 345.40 Partial epilepsy, with impairment of consciousness

At the bottom of the window is a large empty text area, likely for displaying the details of the selected result.

# Conditions – Description Search

- Example:
- Parent of student with ADHD requests student receive a Rx medication during the day (such as Ritalin or Adderall)
  - Reason (student has diagnosis of ADHD) for medication is the Health Condition

Health Condition

Code Search	Description Search
<input type="text"/>	<input type="text" value="ADHD"/>
<b>*Code</b>	<b>*Description</b>
<input type="text" value="314.01"/>	<input type="text" value="ADHD/Attention deficit dis"/>
<b>*Start Date</b>	<b>End Date</b>
<input type="text" value="09/04/2007"/>	<input type="text"/>
<b>*Status</b>	<b>*Initials</b>
<input type="text" value="N: Not Resolved"/>	<input type="text" value="TK"/>
<b>Doctor Name</b>	<b>Doctor Phone</b>
<input type="text"/>	<input type="text"/>
<b>Auto Accident Related</b>	<b>Auto Accident State</b>
<input type="checkbox"/>	<input type="text"/>
<b>Employment Related</b>	<b>Other Accident Related</b>
<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments</b>	
<input type="text"/>	

Choosing search result  
auto-populates  
Description and Code

# Conditions – Compliance

- KRS 156.502 describes health services to be the provision of direct health care including
  - Administration of medication
  - The operation, maintenance, or health care through the use of medical equipment
  - The administration of clinical procedures
- **Do not choose 'Other' for a Condition**
  - Contact Karen Erwin at KDE if search does not return proper condition



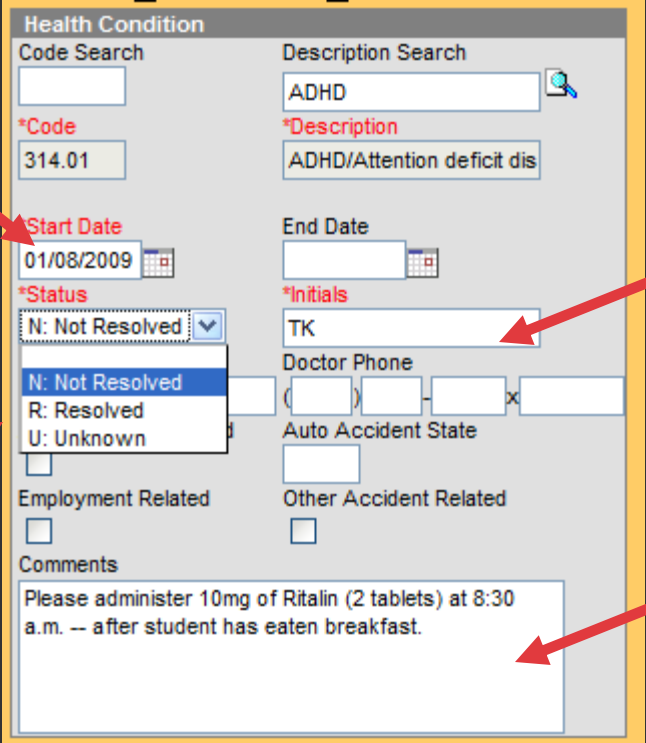
# Conditions – Completing Scheduled Action

**1** Enter date student was diagnosed with condition

**2** Select Status from droplist

**3** Enter initials of user entering data

**4** Enter health service parent has requested and signed authorization for school to perform, including prescribed dosage of medication(s)



The screenshot shows a 'Health Condition' form with the following fields and values:

- Code Search:** 314.01
- Description Search:** ADHD (with a magnifying glass icon)
- \*Code:** 314.01
- \*Description:** ADHD/Attention deficit dis
- Start Date:** 01/08/2009 (with a calendar icon)
- End Date:** (empty)
- \*Status:** A dropdown menu is open showing 'N: Not Resolved' (selected), 'R: Resolved', and 'U: Unknown'.
- \*Initials:** TK
- Doctor Phone:** (empty)
- Auto Accident State:** (empty)
- Other Accident Related:** (empty)
- Comments:** Please administer 10mg of Ritalin (2 tablets) at 8:30 a.m. -- after student has eaten breakfast.

# Immunization Certificate

Path: Student Information > Health > Immunizations Tab

**Required for Initial Entry and 6th Grade Students**

The screenshot shows a form titled "Immunization Certificate" with three main input fields: "Date", "Expiration", and "Type". The "Date" and "Expiration" fields are empty and have calendar icons to their right. The "Type" field is a dropdown menu with a blue arrow pointing down. A red arrow points from the text "Enter effective date of submitted certificate" to the "Date" field. Another red arrow points from the text "Enter expiration date of submitted certificate" to the "Expiration" field. A third red arrow points from the text "Select type of certificate submitted" to the "Type" dropdown menu. The dropdown menu is open, showing four options: "Provisional", "Standard", "Medical", and "Religious".

Date	Expiration	Type
		Provisional Standard Medical Religious

Select type of certificate submitted

If Medical is selected, waiver must be specified under applicable immunization

Enter effective date of submitted certificate

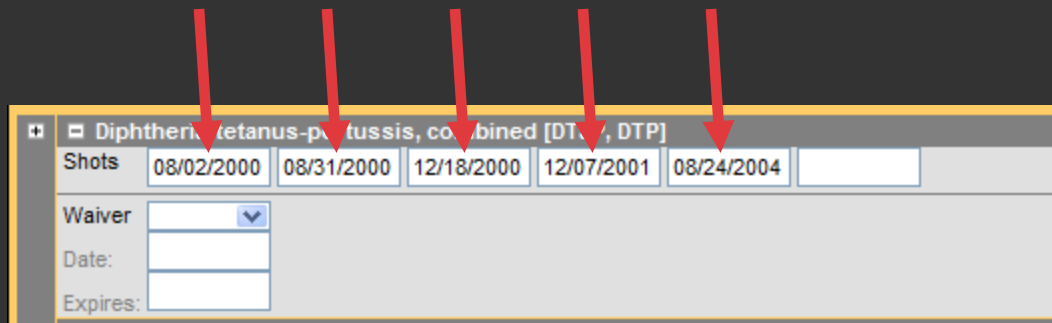
Enter expiration date of submitted certificate

If certificate Type is Religious, expiration date is not required



# Immunizations (shot combinations)

To ensure accuracy of Kentucky compliance reports, schools must use the expandable boxes to enter dates each immunization was administered



Diphtheria, tetanus-pertussis, combined [DTaP, DTP]					
Shots	08/02/2000	08/31/2000	12/18/2000	12/07/2001	08/24/2004
Waiver	<input type="button" value="v"/>				
Date:	<input type="text"/>				
Expires:	<input type="text"/>				

All combination shots must be entered separately for each required immunization

Example:

- Pediatrx is a combination shot containing DTaP, Hep B and Polio
- If Pediatrx is given, dates must be separately entered for each required immunization



# Immunization (shot combinations)

## Diphtheria, Tetanus, Pertussis (DT, DTaP, DTP)

Diphtheria-tetanus-pertussis, combined [DTaP, DTP]						
Shots	09/13/1989	12/08/1989	02/05/1990	01/09/1991	05/17/1995	
Waiver	<input type="text" value=""/> ▼					
Date:	<input type="text"/>					
Expires:	<input type="text"/>					

Select waiver from dropdown, if applicable

## TB Booster (Tdap, Adult Td Vaccine, Boostrix)

Tetanus-diphtheria [Td]					
Shots	04/25/2003				
Waiver	<input type="text" value=""/> ▼				
Date:	<input type="text"/>				
Expires:	<input type="text"/>				

Select waiver from dropdown, if applicable



# Immunization (shot combinations)

## Polio (OPV or IPV)

Polio [IPV, OPV]						
Shots	09/13/1989	12/08/1989	02/05/1990	01/09/1991	05/17/1995	
Waiver	<input type="text" value=""/> ▼					
Date:	<input type="text"/>					
Expires:	<input type="text"/>					

Select waiver from dropdown, if applicable

## Measles, Mumps, Rubella or measles containing vaccine (MMR), Measles, Mumps, Rubella and Varicella

Measles-Mumps Rubella [MMR]			
Shots	11/03/1990	12/05/2001	
Waiver	<input type="text" value=""/> ▼		
Date:	<input type="text"/>		
Expires:	<input type="text"/>		

Select waiver from dropdown, if applicable



# Immunization (shot combinations)

## Hepatitis B (use for entry of pediatric dose: 3 shot series)

Hepatitis B [Hep B]			
Shots	10/24/2001	12/05/2001	03/27/2002
Waiver	<input type="text" value="v"/>		
Date:	<input type="text"/>		
Expires:	<input type="text"/>		

Select waiver from dropdown, if applicable

## Hepatitis B (use for entry of adult dose: 2 shot series)

Hepatitis B - 2 Dose [Hep B - 2 Dose]		
Shots	<input type="text"/>	<input type="text"/>
Waiver	<input type="text" value="v"/>	
Date:	<input type="text"/>	
Expires:	<input type="text"/>	

Select waiver from dropdown, if applicable

# Immunization (shot combinations)

## Varicella (chicken pox vaccine)

Hepatitis B [Hep B]			
Shots	10/24/2001	12/05/2001	03/27/2002
Waiver	<input type="text" value="v"/>		
Date:	<input type="text"/>		
Expires:	<input type="text"/>		

Select waiver from dropdown, if applicable

# Screenings

- Screenings available
  - Sports Physical
  - Height/Weight and Vital Signs
  - Vision
  - Hearing
  - Early Childhood Screening
  - Child and Teen Checkup
  - Developmental, Social and Emotional
  - Speech
  - Tuberculosis
  - Scoliosis



# Screenings

Path: Student Information > Health > Screenings Tab

The screenshot shows the 'Screenings' tab in a software application. At the top, there are tabs for 'Summary', 'Conditions', 'Immunizations', 'Screenings', 'Documents', 'Contact Log', and 'Health Visits'. Below these are icons for 'Save', 'Delete', 'New', and 'Print'.

**Screening History**

Type	Date	Comments
Vision Screening	07/28/2004	
Child & Teen Checkup	08/17/2004	Initial Entry Physical
Vision Screening	03/08/2007	
Hearing Screening	03/08/2007	

**Screening Detail**

\*Date: 01/08/2009

\*Type: [Dropdown menu]

Comments:

Below the form is a list of screening types with checkboxes:

- ☒ Sports Physical
- ☒ Height/Weight and Vital Signs
- ☒ Vision
- ☒ Hearing
- ☒ Early Childhood Screening
- ☒ Child and Teen Checkup
- ☐ Developmental, Social and Emotional
- ☐ Speech
- ☐ Tuberculosis
- ☐ Scoliosis
- ☐ Dental

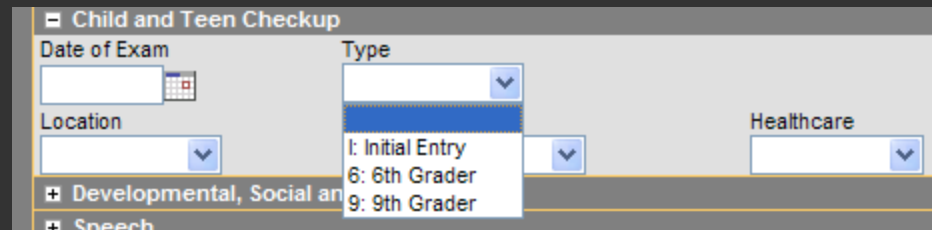
Red arrows and numbers 1 and 2 indicate the steps to enter a date and select a screening type.

1 Enter date of screening

2 Select required screening

# Screenings – Child and Teen Checkup

- Required for data entry of
  - Physical Exam
  - Initial Entry
  - 6<sup>th</sup> Grade Entry
- Date of Exam
  - Enter date physical exam given
  - Required at Initial Entry and 6<sup>th</sup> Grade Entry
- Type
  - Select from dropdown menu



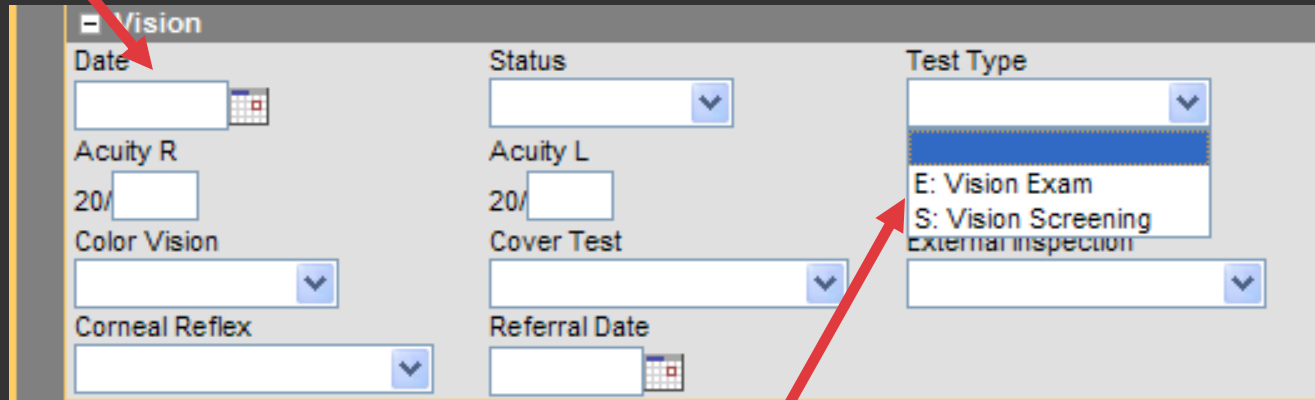
The screenshot shows a software interface for a 'Child and Teen Checkup'. The 'Type' dropdown menu is open, displaying three options: 'I: Initial Entry', '6: 6th Grader', and '9: 9th Grader'. Other visible fields include 'Date of Exam' with a calendar icon, 'Location' with a dropdown arrow, and 'Healthcare' with a dropdown arrow. There are also expandable sections for 'Developmental, Social and' and 'Speech'.



# Screenings – Vision

1

Enter date of exam



The screenshot shows a 'Vision' form with the following fields and annotations:

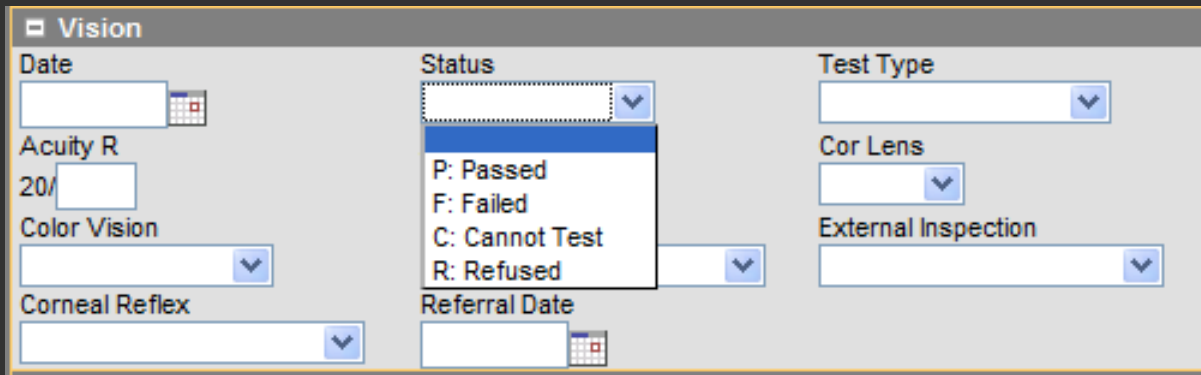
- Date:** A text input field with a calendar icon. A red arrow points to this field from the instruction 'Enter date of exam'.
- Status:** A dropdown menu.
- Test Type:** A dropdown menu with a list of options: 'E: Vision Exam', 'S: Vision Screening', and 'External Inspection'. A red arrow points to this dropdown from the instruction 'Select E: Vision Exam'.
- Acuity R:** A text input field with '20/' followed by a smaller input field.
- Acuity L:** A text input field with '20/' followed by a smaller input field.
- Color Vision:** A dropdown menu.
- Cover Test:** A dropdown menu.
- Corneal Reflex:** A dropdown menu.
- Referral Date:** A text input field with a calendar icon.

2

Select E: Vision Exam

# Vision Screening Information

- Districts determine which grades have annual screenings per 704 KAR 4:020
- Date: Enter Vision Screening date
- Type: Select Vision Screening from dropdown
- Status: Select results of screening from dropdown menu
- Referral Date: Date notice sent to parent that student failed screening and needs to be seen by a doctor



The screenshot shows a software interface for vision screening. It features several input fields and dropdown menus. The 'Status' dropdown menu is open, showing options: 'P: Passed', 'F: Failed', 'C: Cannot Test', and 'R: Refused'. The 'Referral Date' field is also visible, with a calendar icon. Other fields include 'Date', 'Acuity R', 'Color Vision', 'Corneal Reflex', 'Test Type', 'Cor Lens', and 'External Inspection', each with a dropdown arrow.

Vision	
Date	
Acuity R	20/
Color Vision	
Corneal Reflex	
Status	P: Passed F: Failed C: Cannot Test R: Refused
Referral Date	
Test Type	
Cor Lens	
External Inspection	

# Hearing Screening Information

- Districts determine which grades will have annual screenings as per 704 KAR 4:020

1

Enter date of exam

The screenshot shows a 'Hearing' form with the following fields and options:

Date			Status	Otoacoustic Emissions	Type
250 R	500 R	1000 R	P: Passed	R 8000 R Tympanometry R	O: Original
250 L	500 L	1000 L	F: Failed	L 8000 L Tympanometry L	OE: Outside Exam
			C: Cannot Test		RS: Re-Screen
			R: Refused		R: Referral
					SE: Special Ed Exam

Three red arrows point to the 'Date' field, the 'Status' dropdown menu, and the 'Type' dropdown menu.

3

Select Status

2

Select Original

# Hearing Screening Information

- Requirements for re-screening if original screening result is Failed

1

Enter date of re-exam

The screenshot shows a hearing screening form titled "Hearing". It contains several input fields and dropdown menus. A red arrow points to the "Date" field, which is currently empty. Another red arrow points to the "Status" dropdown menu, which is open and shows options: "P: Passed", "F: Failed", "C: Cannot Test", and "R: Refused". A third red arrow points to the "Type" dropdown menu, which is also open and shows options: "O: Original", "OE: Outside Exam", "RS: Re-Screen", "R: Referral", and "SE: Special Ed Exam". The "RS: Re-Screen" option is highlighted in blue. The form also includes frequency fields for 250 R, 500 R, 1000 R, 250 L, 500 L, 1000 L, and 8000 R Tympanometry R, and 8000 L Tympanometry L.

3

Select Status

2

Select Re-Screen

# Hearing Screening Information

- If student fails an Original or Re-Screen, then Referral must be made

1

Enter date of referral

The screenshot shows a 'Hearing' form with several fields and a dropdown menu. A red arrow points from the number '1' to the 'Date' field. Another red arrow points from the number '2' to the 'Type' dropdown menu, which is open and shows the following options: O: Original, OE: Outside Exam, RS: Re-Screen, R: Referral (highlighted), and SE: Special Ed Exam.

Date		Status	Otoacoustic Emissions		Type			
250 R	500 R	1000 R	2000 R	4000 R	6000 R	8000 R	Tympanometry R	
250 L	500 L	1000 L	2000 L	4000 L	6000 L	8000 L	Tympanometry L	

2

Select Referral

# Scoliosis Screening Information

- Required for 6<sup>th</sup> and 8<sup>th</sup> Grade

1 Enter date of screening or re-screening

The screenshot shows a form titled "Scoliosis" with three dropdown menus. The first menu is labeled "Date" and has a calendar icon. The second menu is labeled "Character" and lists options: P: Passed, F: Failed, A: Absent, R: Refused, C: Cannot Test, and K: Known Previously. The third menu is labeled "Type" and lists options: O: Original, RS: Re-Screen, RE: Referral, OE: Outside Exam, and SE: Special Ed Exam. Red arrows point to each menu with corresponding instructions.

2 Select Type

If screened during  
6<sup>th</sup> Grade, choose  
Original

All failures must be  
have a referral entry

3 Select Character

# Scoliosis Referral

- To be used by second screeners as a guide on which to base referrals
- If a child has any three of the criteria below, child should be referred to
  - Pediatrician
  - Family doctor or
  - Commission for Children with Special Health Care Needs (CCSHCN)
- Criteria
  - One shoulder higher than other
  - One scapular more prominent than other
  - Waist folds not even
  - Arms not hanging equal distance from sides
  - Pelvis not level
  - Unequal symmetry of upper back, lower back or both
- If any one or two of above are seen, child should be re-screened in 6-12 months
- If child, on forward bend test, has hump on one side measuring less than 7 degrees, using the scoliometer, child should be re-screened in 6-12 months
- **Any student with a possible indicator must be re-screened**



# Nurse Visits

- Schools use the Nurse Visit tab to document events and resolutions of office visits

The screenshot displays a web-based application interface for a school information system. The top navigation bar includes filters for Year (07-08), School (4T4P Block - Harrison High), and Section (01) 1004q-3 American Lit/Comp (A). The left sidebar contains a tree view of system modules, with 'Health Office' currently selected. The main content area is titled 'Abegg, Dylan' and includes tabs for Summary, Conditions, Immunizations, Screenings, Documents, Contact Log, and Health Visits. The 'Health Visits' tab is active, showing a list of visits on the left and a detailed form on the right. The list shows a visit on 09/16/2007 at 02:33 PM for 'Bleeding'. The detailed form on the right has two sections: 'Event Detail' and 'Resolution Detail'. Both sections have identical data: Event/Resolution Type is 'Bleeding', Date is '09/16/2008', Time is '03:55 PM', Administered By is 'Boyce, David', and Initials are 'DB'. The 'Event Detail' section has a comment 'Slammed nose in locker', while the 'Resolution Detail' section is empty. Both sections include a 'Created On' field.

Year: 07-08 School: 4T4P Block - Harrison High Section: 01) 1004q-3 American Lit/Comp (A)

Index Search Help

- System Administrator
- Google
- Infinite Campus Support
- Training Survey
- Student Information
  - General
  - Counseling
  - Grad Planner
  - Health
    - BlankForms
    - PLP
    - Special Ed
    - Student Locator
    - Reports
  - Instruction
  - Census
    - People
    - Households
    - Addresses
      - Add Person
      - Add Household
      - Add Address
      - Census Wizard
    - Reports
  - Behavior
  - Health
    - Health Office
      - Reports
    - Attendance
    - Scheduling
    - Grading & Standards
    - Ad Hoc Reporting
    - User Communication

Abegg, Dylan Hall Monitor HS Graduation Legal Medical

Grade: 10 #103667 DOB: 02/01/1992 Gender: M Counselor: Abra, Dean

Summary Conditions Immunizations Screenings Documents Contact Log **Health Visits**

Save Event & Resolution New Event New Resolution Print All Print

**Health Visits**

- 07-08 Harrison High School
  - 09/16/2007 02:33 PM Bleeding
  - 09/16/2007 02:36 PM App

**Event Detail**

\*Event Type: Bleeding

\*Date: 09/16/2008 \*Time: 03:55 PM

\*Administered By: Boyce, David \*Initials: DB

Comments: Slammed nose in locker

Created On:

**Resolution Detail**

\*Resolution Type: Apply Ice Pack

\*Date: 09/16/2008 \*Time: 03:55 PM

\*Administered By: Boyce, David \*Initials: DB

Comments:

Created On:



# Documents

- Store and print custom forms to gather information

Index Search Help

System Administrator  
Google  
Infinite Campus Support  
Training Survey  
Student Information  
General  
Counseling  
Grad Planner  
Health  
BlankForms  
PLP  
Special Ed  
Student Locator  
Reports  
Instruction  
Census  
People  
Households  
Addresses  
Add Person  
Add Household  
Add Address  
Census Wizard  
Reports  
Behavior  
Health  
Health Office  
Reports  
Attendance  
Scheduling  
Grading & Standards  
Ad Hoc Reporting  
User Communication  
System Administration  
Food Service  
Messenger  
Point of Sale  
Surveys  
MN State Reporting  
Account Settings  
Access Log  
Log Off

Please fill out the following form.

Save

BLOODBORNE PATHOGEN EXPOSURE STATEMENT

09/16/2008

School Name:	4T4P Block - Harrison High	Student Name:	Dylan Abegg
School Address:	585 Peachtree Parkway	Student Address:	2175 Airport Rd
	Metro City, MN 55436		St Paul, MN 55116
School Phone:	(987)999-9876	Guardian Name:	Glissa Abegg
			Harrison Abegg

☐ Your student was involved in an incident at school that resulted in exposure to another student's blood. The incident is summarized below. We are required by law to inform parents/guardians when such incidents occur. Please contact our office with any questions or concerns regarding this incident.

☐ Your student was involved in an incident that resulted in the exposure of another student to your student's blood. The incident is summarized below. We are required by law to inform parents/guardians when such incidents occur. Please contact our office with any questions or concerns regarding this incident.

# Contact Log

- Allows schools to document all personal contacts, phone calls, postal mail, and e-mail messages

**Abegg, Dylan**    Hall Monitor    HS Graduation    Legal    Medical  
Grade:10 #103667 DOB:02/01/1992 Gender:M Counselor:Abra, Dean

Summary   Conditions   Immunizations   Screenings   Documents   **Contact Log**   Health Visits

Save   Delete   New   Print

**ContactLog Editor**

Date	Staff Name
09/16/2008	System Administrator
Called mom to tell her about the playg	

**ContactLog Detail**

Date: 09/16/2008    By: System Administrator

Contact Type: Telephone    Contacted: Phylis Abegg (Mom)

Text: Called mom to tell her about the nose-in-locker accident.

# Health Office Reports

- Available reports
  - Annual Immunization
  - Health Office
    - List of Resolutions and Events for any given date
  - Immunization Batch
    - A batch report of student immunization compliance
  - Immunization Certificate
  - Immunizations
    - Customizable report for specific immunizations
  - Screening Compliance
    - Aids districts in assessing compliance for screenings
  - Health Alert Summary
    - List of students with health alerts
  - Health Condition Summary
    - List of health conditions occurring between two dates

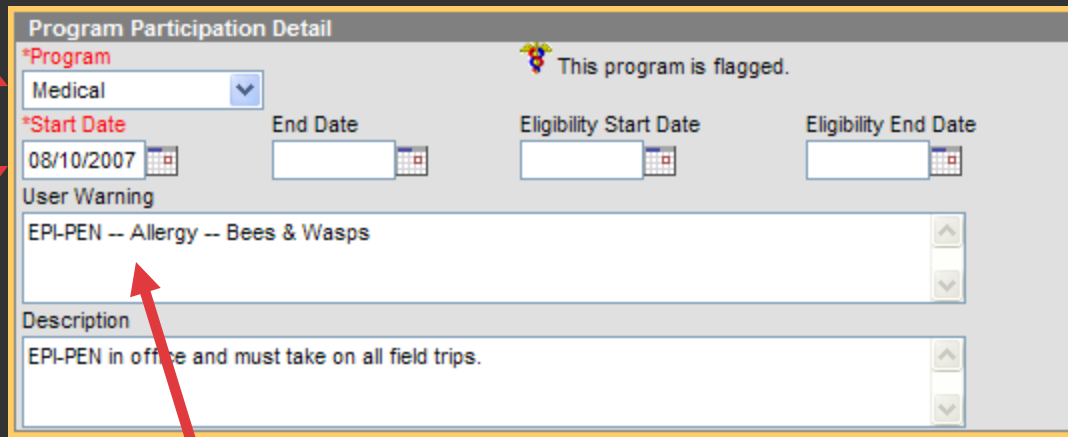


# Health Program

- Path: Student Information > General > Program Tab
- Adds Medical Alert to student's information

1 Select Medical

2 Date student diagnosed with condition or allergy



The screenshot shows a web form titled "Program Participation Detail". It contains several fields: a dropdown menu for "Program" (currently set to "Medical"), a "Start Date" field (set to 08/10/2007), and empty fields for "End Date", "Eligibility Start Date", and "Eligibility End Date". There is a "User Warning" text area containing the text "EPI-PEN -- Allergy -- Bees & Wasps". Below this is a "Description" text area containing the text "EPI-PEN in office and must take on all field trips." A red arrow points from the "1 Select Medical" text to the "Program" dropdown. Another red arrow points from the "2 Date student diagnosed with condition or allergy" text to the "Start Date" field. A third red arrow points from the "3 Enter condition, allergy, or treatment" text to the "User Warning" text area.

3 Enter condition, allergy, or treatment

Information entered will be displayed when user hovers over medical flag

Tip: If data is entered this way, a report can be run on a classroom to see who needs Epi-pens for a field trip

# Health Program

- An alert is any medical condition that would require an emergency action if it occurred
- Conditions are seen as life threatening and need immediate attention
- Examples:
  - Epi-Pen for peanut allergy
  - Glucagon for a student with diabetes receiving insulin experiencing very low blood sugar
- Data is usually collected from a student's parent/guardian from one of the following forms:
  - Emergency Information Form
  - Health History Form
  - Individual Health Plan
  - Medication Request Form
  - KSBA Personal Data Sheet 09.224 AP

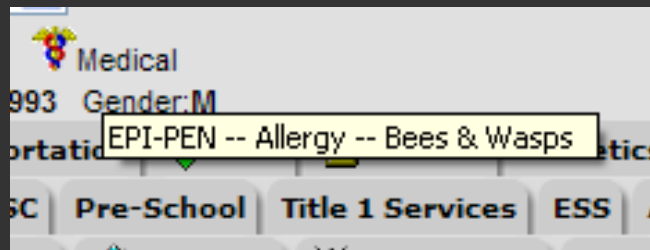


# Health Programs

Any student with a Medical Flag will display icon on student's screen



Hover over icon to make user warning appear



# Questions & Answers

Ask, we're ready!



# Learn More!

Additional training is available from Campus U

- Professional, certified trainers
- Just-in-time offerings
- Online
- In person
  - In your district
  - At Infinite Campus

